

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
DATE RECEIVED  
OCT 24 2014

ENTERED #	14-0412
Date:	10-28-14
Amount Paid:	\$75 10-24-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name: Scott BVALD		Mailing Address: 19720 Finner Rd Cable WI 54821		City/State/Zip: Cable WI 54821		Telephone: 715-798-2364		Cell Phone:		Plumber Phone:		Written Authorization Attached		Plumber: N/A			
Address of Property: 19720 Finner Rd		City/State/Zip: Cable WI 54821		Contractor Phone: 715-798-2364		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) Volume 824 Page(s) 71		Subdivision:		Lot Size 40AC Acreage 40 AC			
PROJECT LOCATION NW 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:			
Section 31, Township 44 N, Range 10 W		Town of: Grand View		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland																	

Value at Time of Completion * include donated time & material \$25,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	New Construction		1-Story		2-Story		Basement		Relocate (existing bldg)		Run a Business on Property	
							<input checked="" type="checkbox"/> 1-Story		<input type="checkbox"/> 2-Story		<input type="checkbox"/> Basement		<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Run a Business on Property			
							<input type="checkbox"/> Addition/Aleration		<input type="checkbox"/> Conversion		<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Run a Business on Property					
							<input type="checkbox"/> Addition/Aleration		<input type="checkbox"/> Conversion		<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Run a Business on Property					
							<input type="checkbox"/> Addition/Aleration		<input type="checkbox"/> Conversion		<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Run a Business on Property					
Seasonal		Year Round		2		3		Basement		Relocate (existing bldg)		Run a Business on Property		Foundation		Property		
Length: 40'		Width: 30'		Height: 15'														

Existing Structure: (if permit being applied for is relevant to it)		Length: 40'		Width: 30'		Height: 15'	
Proposed Construction:							
Proposed Use	Proposed Structure	Principal Structure (first structure on property)		Dimensions		Square Footage	
		Residence (i.e. cabin, hunting shack, etc.)		( X )		( X )	
<input type="checkbox"/> Residential Use	with a Loft	with a Porch		( X )		( X )	
		with (2nd) Porch		( X )		( X )	
<input type="checkbox"/> Commercial Use	with a Deck	with (2nd) Deck		( X )		( X )	
		with Attached Garage		( X )		( X )	
<input type="checkbox"/> Municipal Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	Mobile Home (manufactured date)		( X )		( X )	
		Addition/Aleration (specify)		( X )		( X )	
Rec'd for Issuance	Accessory Building (specify)	Accessory Building Addition/Aleration (specify)		( 30 X 40 )		1200	
		Special Use: (explain)		( X )		( X )	
OCT 28 2014	Conditional Use: (explain)	Other: (explain)		( X )		( X )	
		Secretarial Staff		( X )		( X )	

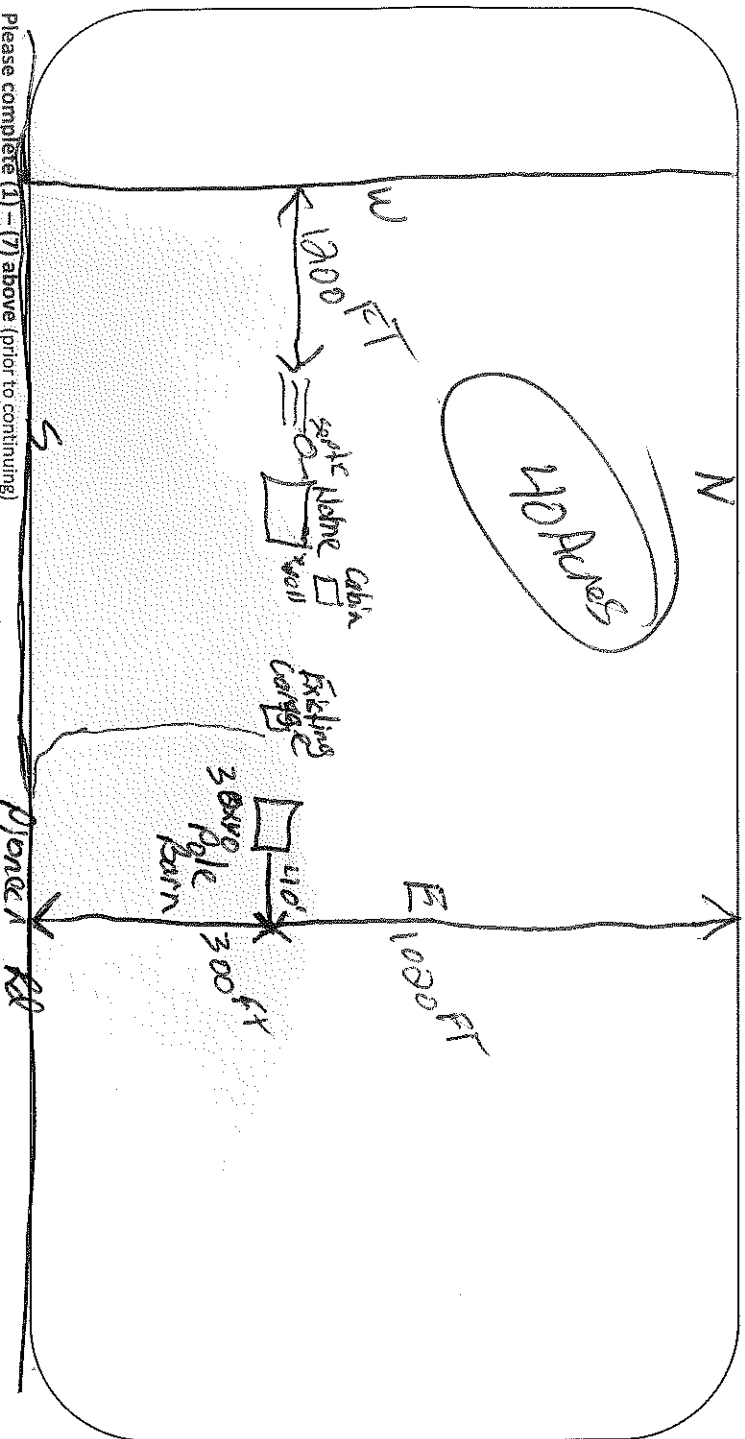
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott BVALD  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 19720 Finner Rd Cable WI 54821

Date 10-28-14  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

**Draw or Sketch your Property** (regardless of what you are applying for)

- |                           | Proposed Construction                                                                                                     |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------|
| (1) Show location of:     | North (N) on Plot Plan                                                                                                    |
| (2) Show / Indicate:      | (*) <u>Driveway</u> and (*) <u>Frontage Road</u> (Name Frontage Road)                                                     |
| (3) Show location of (*): | All Existing Structures on your Property                                                                                  |
| (4) Show:                 | (*) Well (W <sub>1</sub> ), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) <u>Privy</u> (P) |
| (5) Show any (*):         | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond                                                                        |
| (6) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%                                                                                      |
| (7) Show any (*):         |                                                                                                                           |



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 ± Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	300 ± Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	899 ± Feet		
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	1,000 ± Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	100 ± Feet	Setback to Well	50 ± Feet
Setback to Drain Field	130 ± Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

marked by a licensed surveyor at the owner's expense.

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

**For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code**

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	Permit Date:			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	
Inspection Report:		Zoning District (R-2)		
Well sited. Meets all setbacks.		Lakes Classification (NA)		
Date of Inspection: 10-24-14	Inspected by: MM. Funtak	Date of Re-Inspection:		

Inspection Record:  
Well Staked. More to all sections.

Date of Inspection: 10-24-14

Inspected by:

W. J. Webb

Condition(s): Town, Committee or Board Conditions Attached? ☒ Yes ☐ No ☐ No (If No they need to be attached)

(b)(6)

Zoning District	( R-2 )
Lakes Classification	( M1 )
Date of Re-Inspection	

ion

May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.

Signature of Inspector: Michael T. Webb

Date of Approval: 10-29-14

Hold For Sanitary:

Hold For TBA: ☐

Hold For Affidavit: ☐

Hold For Fees: ☐



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Planning and Zoning Depart.  
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APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
OCT 20 2014  
Bayfield Co. Zoning Dept.

375 + 100 = \$475  
ENTERED  
Permit # 14-0413  
Date: 10-28-14  
Amount Paid: \$475 10-27-14  
Refund:

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>TIMOTHY SCHULTZ</b>	Mailing Address: <b>420 CARDUITE PL</b>	City/State/Zip: <b>RISE ISLAND, MN 55963</b>	Telephone:
Address of Property: <b>46065 BATH PT LN</b>	City/State/Zip: <b>CABLE WI 54821</b>	Cell Phone: <b>507-227-8221</b>	
Contractor: <b>RICK NEPSTOIT BUILDER</b>	Contractor Phone: <b>507-273-8127</b>	Plumber: <b>BLAISEMAN PLUMBING</b>	Plumber Phone: <b>608-46050</b>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>RICK NEPSTOIT</b>	Agent Phone: <b>507-273-8127</b>	Agent Mailing Address (include City/State/Zip): <b>2083 STAIRBURST DR SW ROCHESTER, MN 55902</b>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <b>1/4, 1/4</b>	Legal Description: (Use Tax Statement) <b>Gov't Lot 6, Lot(s) 1, CSM 598, Vol &amp; Page 4-208</b>	PIN: (23 digits) <b>04-021-2-44-06-34-4-06-0740</b>	Recorded Document: (i.e. Property Ownership) <b>Volume 11108, Page(s) 769</b>
Section <b>34</b> , Township <b>44</b> N, Range <b>6</b> W	Town of: <b>GRAND VILLAGE</b>	Lot Size	Acreage <b>2.082</b>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: <b>45</b> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Distance Structure is from Shoreline: <b>45</b> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <b>\$125600</b>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <b>(New) Sanitary</b>	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <b>Sanitary (exists)</b>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists)	Specify Type: <b>Con</b>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists)	Specify Type: <b>Con</b>	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>32</b>	Width: <b>40</b>	Height: <b>16</b>
Proposed Construction:	Length: <b>32</b>	Width: <b>40</b>	Height: <b>26</b>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date) <b>1996 Kitchen</b>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Addition/Alteration (specify) <b>BUILD UP ON EXIST HOME</b>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify) <b>Person's bedroom</b>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building Addition/Alteration (specify) <b>not attached</b>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Rec'd for Issuance	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Special Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Other: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	

OCT 28 2014  
Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **CS** Date **10/16/14**  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: **2083 STAIRBURST DR SW ROCHESTER, MN 55902** Date **10/16/14**  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit **2083 STAIRBURST DR SW ROCHESTER, MN 55902** Attach  
Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

WHAT IS ADDITION?

fill in box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	350+ Feet	Setback from the Lake (ordinary high-water mark)	75+ Feet
Setback from the Established Right-of-Way	340+ Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	70+ Feet		
Setback from the South Lot Line	50+ Feet	Setback from Wetland	150+ Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	350+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	8' Feet	Setback to Well	50+ Feet
Setback to Drain Field	30+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 20891	# of bedrooms: 2	Sanitary Date: 12-15-81
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-0413	Permit Date: 10-28-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: structure is existing. Metal attack. No measure in structures foot print.			
Date of Inspection: 10-27-14	Inspected by: W. Furdale		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)			
Signature of Inspector: Michael Furdale			Date of Approval: 10-28-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>





Come home to quality.  
Come home to Andersen.

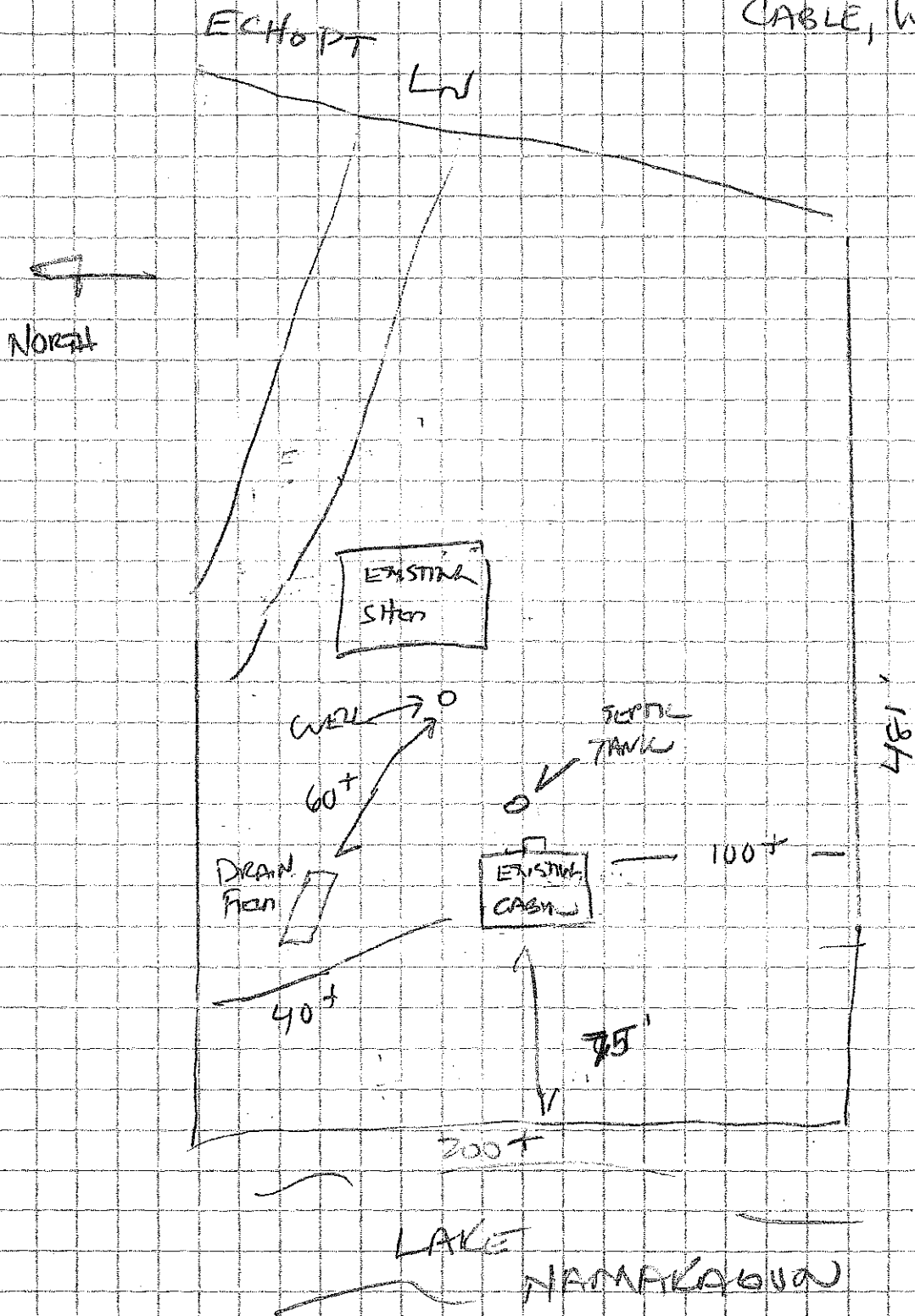
JAY YOUNG  
ANDERSEN ARCHITECTURAL SPECIALIST  
**MORGAN DISTRIBUTION**

717-697-0346

DATE 10/16/14

JOB TJ SCHUTZ

46065 ECHO PT LN  
CABLE, WI 54821



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
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Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Stamp (Received)  
AUG 04 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0414
Date:	10-29-14
Amount Paid:	\$75 8-4-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

Ctry/State/Zip:

Telephone: 715

Don't Christine Liebhuser

21770 Ryans Lane Cable, WI 54821

794-2396  
Cell Phone:

Address of Property:

Contractor Phone:

Plumber:

Plumber Phone:

Contractor:  
self

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization  
Attached  
☐ Yes ☒ No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION

Legal Description: (Use Tax Statement)

Parcel 1

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Recorded Document: (i.e. Property Ownership)  
Volume 799  
Page(s) 906

1/4, 1/4

3

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Recorded Document: (i.e. Property Ownership)

Volume 799

Page(s) 906

Section 21

Township 44

N, Range 6

W

Town of:

Grand View

Lot Size

Acres

1.6

Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☒ Yes ☐ No

Ave Wetlands Present? ☒ Yes ☐ No

☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue

Distance Structure is from Shoreline: feet

150

☐ Yes ☐ No

☐ Non-Shoreland

Value at Time of Completion  
\* include donated time & material

Project

# of Stories and/or basement

Use

# of bedrooms

What Type of Sewer/Sanitary System is on the property?

Water

\$24,000

☒ New Construction

☒ 1-Story

☐ Seasonal

☐ 1

☒ Municipal/City

Specify Type: (New) Sanitary

☒ City

☐ Addition/Alteration

☐ 1-Story + Loft

☒ Year Round

☐ 2

☒ (New) Sanitary

Specify Type: Sanitary (Exists)

☒ Well

☐ Conversion

☐ 2-Story

☐ Basement

☐ 3

☐ Privy (Pit) or Vented (min 200 gallon)

☐ Portable (w/service contract)

☐ Compost Toilet

☐ Relocate (existing bldg)

☐ No Basement

☒ Foundation

☐ None

☐ None

☐ None

☐ None

☐ Run a Business on Property

☐ Foundation

☐ None

☐ None

☐ None

☐ None

☐ None

Existing Structure: (if permit being applied for is relevant to it)

Length:

42

Width:

30

Height:

1.6

Proposed Construction:

Length:

42

Width:

30

Height:

1.6

Proposed Use

☒

Principal Structure (first structure on property)

Proposed Structure

Dimensions

Square Footage

☐

Residence (i.e. cabin, hunting shack, etc.)

☐

☐

☐

☐

with a Loft

☐

☐

☐

☒ Residential Use

with (2<sup>nd</sup>) Porch

☐

☐

☐

☐

with a Deck

☐

☐

☐

☐

with (2<sup>nd</sup>) Deck

☐

☐

☐

☐

with Attached Garage

☐

☐

☐

☐

Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)

☐

☐

☐

☐

Mobile Home (manufactured date)

☐

☐

☐

☐

Addition/Alteration (specify)

☐

☐

☐

☒ Accessory Building (specify)

☒ Pole bldg

☐

☐

☐

☐

Accessory Building Addition/Alteration (specify)

☐

☐

☐

☐

Special Use: (explain)

☐

☐

☐

☐

Conditional Use: (explain)

☐

☐

☐

☐

Other: (explain)

☐

☐

☐

☐

Special Use: (explain)

☐

☐

☐

☐

Conditional Use: (explain)

☐

☐

☐

☐

Other: (explain)

☐

☐

☐

Rec'd for Issuance  
OCT 29 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David Liebhuser Christine Liebhuser

Date 8-4-14

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Date

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

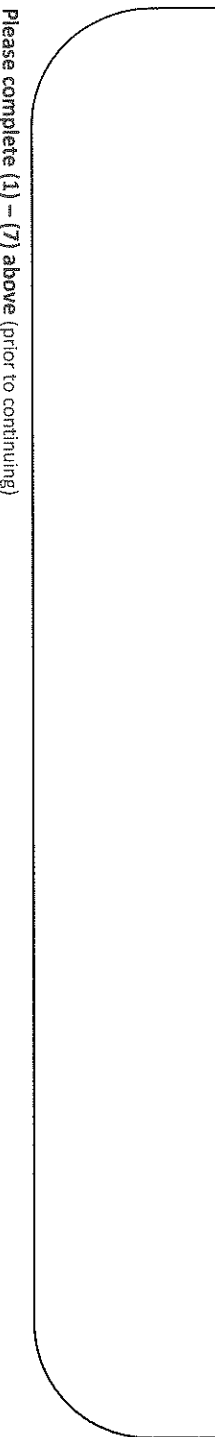
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
<i>Equestrian Rd</i> Setback from the Centerline of Platted Road	50 Feet	Setback from the Lake (ordinary high-water mark)	159 Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line <i>Road</i>	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line <i>Lake</i>	NA Feet	Setback from Wetland	
Setback from the West Lot Line	130+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	5 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	55 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

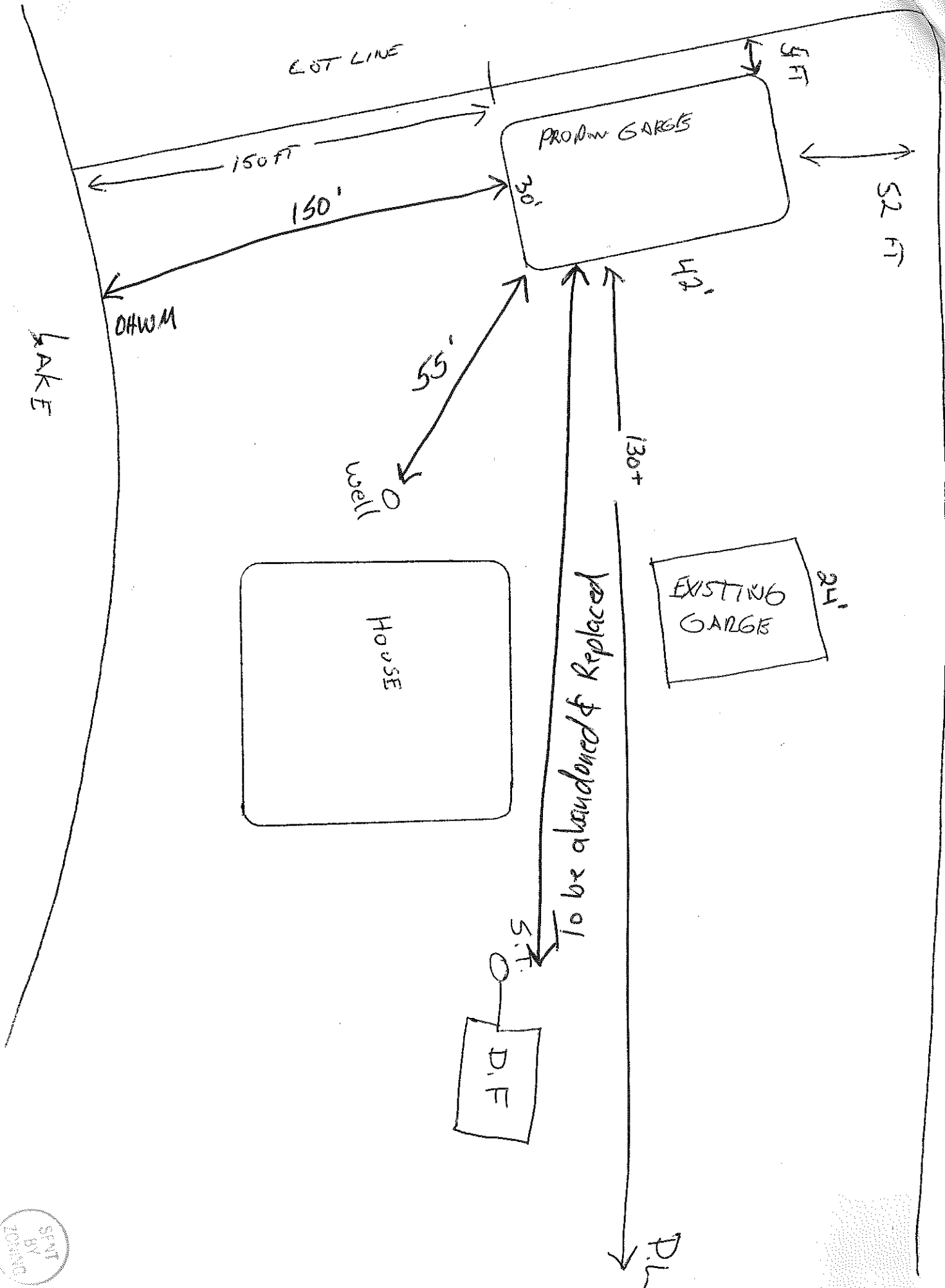
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: <i>14-0414</i>	Permit Date: <i>10-29-14</i>				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	
Inspection Record: <i>Requires a Special Exception.</i>					
Date of Inspection: <i>9-4-14</i>	Inspected by: <i>M. Fuchs</i>	Zoning District (R-1) Lakes Classification (2)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:			
Signature of Inspector: <i>Michael Fuchs</i>		Date: <i>10/29/14</i>			
Hold for Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	





← ~168' →